

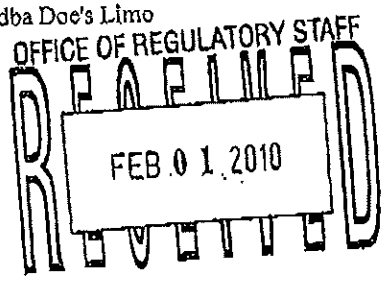


221741

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo



BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET NUMBER: 2010 - 53 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

Submitted by: COURTNEY STEELE

Telephone: 803-754-1949

Address: 4507 N. MAIN ST

Fax: 803-691-8934

Columbia, SC 29203

Other:

Email: AmericanAmbulance1 SCRR.com

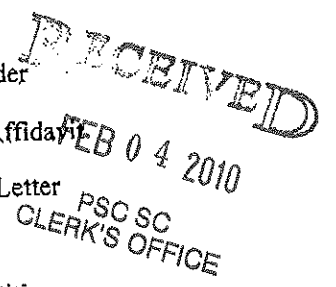
NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- Application - Class A/A Restricted
Application - Class C Taxi
Application - Class C Charter
Application - Class C Charter Bus
Application - Class C Non-Emergency
Application - Class C Stretcher Van
Application - Class E Household Goods
Application - Class E Hazardous Waste
Application
Request for Extension to Comply with Order
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
Request for Cancellation of Certificate
Request for Suspension
Request for Reinstatement

COPY
Posted: 1001
Dept: S.A.
Date: 2/4/10
Time: 3:15

- Request for Name Change on Certificate
Request to Amend Scope of Authority
Request to Amend Tariff (rate increase, etc.)
Request to Amend Passenger Limit
Request To Expedite Application Service
Exhibit
Late-Filed Exhibit
Letter
Proposed Order
Publisher's Affidavit
Reservation Letter
Response
Return to Petition
Other:



If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

Handwritten initials

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY

Date: 2.1.10

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

American Ambulance Inc.

4507 N. Main St Columbia, SC 29203

Street Address of Applicant

Same

Mailing Address of Applicant if different from street address

803.754.1949

Phone

803.691.8934

Fax

Americanambulancea@scrr.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

Courtney Steele

# *The State of South Carolina*

*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

AMERICAN AMBULANCE, INC,  
a corporation duly organized under the laws of the State of South Carolina on November 18th, 2009, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
18th day of November, 2009.

  
Mark Hammond, Secretary of State

Note: This certificate does not contain any representation concerning fees or taxes owed by the Corporation to the South Carolina Tax Commission or whether the Corporation has filed the annual reports with the Tax Commission. If it is important to know whether the Corporation has paid all taxes due to the State of South Carolina, and has filed the annual reports, a certificate of compliance must be obtained from the Tax Commission.

NOV 18 2009

STATE OF SOUTH CAROLINA  
SECRETARY OF STATE

Mark Hammond  
SECRETARY OF STATE OF SOUTH CAROLINA

ARTICLES OF INCORPORATION

TYPE OR PRINT CLEARLY IN BLACK INK

1. The name of the proposed corporation is American Ambulance INC
2. The initial registered office of the corporation is 4507 N. Main St.  
Street Address

Columbia SC 29203 Richland  
City County State Zip Code

and the initial registered agent at such address is Courtney Steele  
Print Name

I hereby consent to the appointment as registered agent of the corporation:

Courtney Steele  
Agent's Signature

3. The corporation is authorized to issue shares of stock as follows. Complete "a" or "b", whichever is applicable:

- a. ☒ The corporation is authorized to issue a single class of shares, the total number of shares authorized is 100.
- b. ☐ The corporation is authorized to issue more than one class of shares:

Class of Shares	Authorized No. of Each Class
_____	_____
_____	_____
_____	_____

The relative right, preference, and limitations of the shares of each class, and of each series within a class, are as follows:

4. The existence of the corporation shall begin as of the filing date with the Secretary of State unless a delayed date is indicated (See Section 33-1-230(b) of the 1976 South Carolina Code of Laws, as amended) 11/10/09

091118-0047

AMERICAN AMBULANCE, INC

FILED: 11/18/2009


Filing Fee: \$135.00 ORIG

Mark Hammond

South Carolina Secretary of State

5. The optional provisions, which the corporation elects to include in the articles of incorporation, are as follows (See the applicable provisions of Sections 33-2-102, 35-2-105, and 35-2-221 of the 1976 South Carolina Code of Laws, as amended).

6. The name, address, and signature of each incorporator is as follows (only one incorporator is required):

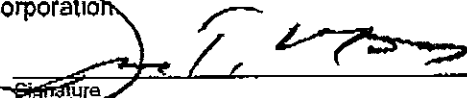
a. Courtney Steele  
Name  
4507 N. Main St. Columbia, SC 29203  
Address  
  
Signature

b. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature

c. \_\_\_\_\_  
Name  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Signature

7. I, \_\_\_\_\_, an attorney licensed to practice in the state of South Carolina, certify that the corporation, to whose articles of incorporation this certificate is attached, has complied with the requirements of Chapter 2, Title 33 of the 1976 South Carolina Code of Laws, as amended, relating to the articles of incorporation.

Date 11/13/09

  
Signature  
JASON T. VITO, ESQ.  
Type or Print Name  
816 Elmwood Ave.  
Address  
Columbia SC 29207

202.933.0202  
Telephone Number  
Wesley Anderson

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### BALANCE SHEET

Balance at Time Application is Filed:  
Month Feb Year 2010

**Assets:**

Cash	8000.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	15,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	2000.00
Prepays and Other Assets	
<b>Total Assets</b>	<b>25000.00</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	1100.00
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	2500.00
Other Accrued Obligations	
Other Liabilities	
<b>Total Liabilities</b>	<b>3600.00</b>
Capital Stock	0
Retained Earnings	0
<b>Total Equity</b>	
<b>Total Liabilities and Equity</b>	<b>3600.00</b>

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

200.00 hr Max

Counties to be Served:

Statewide

Maximum Number of Passengers per Vehicle:

7

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Designate if equipped with a wheelchair lift by using "HC" (Handicapped.)



**INSURANCE QUOTE**This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**.

The following insurance quote is for:

American Ambulance, Inc

Name of Motor Carrier

4507 N Main St Columbia SC 29208

Address of Motor Carrier

Amount of Premium:Liability Insurance \$ 2,000The above quoted premium is for a term of 12 months.

Minimum Limits - Bodily injury and property damage limits will not be less than the following:

		Limits Quoted
Liability Combined Each Occurrence	\$ 1,000,000	1,000,000
Medical Payments per Person	\$ 1,000	1,000

National Casualty

Name of Insurance Company

1245 Celebration Blvd

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

1-29-10

Date

Perry Pato

Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

Form E  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

(Executed in Triplicate)

AMEND

Filed with SC OFFICE OF REGULATORY STAFF (hereinafter called Commission)  
(Name of Commission)

**RECEIVED**

This is to certify, that the National Casualty Company

(Name of Company)

FEB - 1 2010

(hereinafter called Company) of 8877 N. Gainey Center Drive, Scottsdale, AZ 85258

(Home Office Address of Company)

has issued to AMERICAN AMBULANCE, INC.

(Name of Motor Carrier)

4507 N. MAIN STREET, COLUMBIA, SC 29204

(Address of Motor Carrier)

**ORS  
FTW, WAW**

a policy or policies of Insurance effective from December 31, 2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 8877 N. Gainey Center Drive  
(Street Address)

Scottsdale  
(City)

AZ  
(State)

85258  
(Zip Code)

this 01 day of February 200

Insurance Company File No. CA00229244

(Policy Number)

  
(Authorized Company Representative)

**Exhibit FWA**

American Ambulance Inc.

Name

U.S.D.O.T No.

ICC No.

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes

☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes

☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes

☐ No

### Exhibit on Driver Qualifications

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes

☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes

☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes

☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes

☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes

☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA

COUNTY OF Richland

Courtney Steele  
Applicant's Signature

I, Courtney Steele Owner  
Name of Applicant's Representative Title

of American Ambulance Clinic  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Courtney Steele  
Signature of Applicant's Representative

This 1st day of February, 2010

Paul G. Charles  
Notary Public

Commission Expires 6/7/2017